

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 101717,543 FILING DATE

APPLICANT(S)

161106

CLAIMS

| 1 | AS FILED | | 20% INCREASE | | APPLICABLE AMOUNTMENT | |
|--------------|----------|-----|--------------|-----|--------------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 2 | | | | | | |
| 3 | 2 | | | | | |
| 4 | 2 | | 2 | | | |
| 5 | | | | | | |
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| 27 | | 1 | | | | |
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| 32 | | | | | | |
| 33 | | | | | | |
| 34 | | | | | | |
| 35 | | 1 | 1 | 1 | | |
| 36 | | 1 | 1 | 1 | | |
| 37 | | 1 | 1 | 1 | | |
| 38 | | 1 | 1 | 1 | | |
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| 50 | | | | | | |
| TOTAL IND. | 1 | | 3 | | | |
| TOTAL DEP. | 26 | ← | 198 | ← | | |
| TOTAL CLAIMS | 27 | 22 | | | | |

| CLAIMS | IND | DEP | IND | DEP | IND | DEP |
|--------------|-----|-----|-----|-----|-----|-----|
| 31 | | | | | | |
| 32 | | | | | | |
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| 49 | | | | | | |
| 50 | | | | | | |
| TOTAL IND. | | 1 | | | | |
| TOTAL DEP. | | 1 | | | | |
| TOTAL CLAIMS | | 1 | | | | |